

issue, since I got down here seven years ago, has been sort of a pet project bill, labor of love maybe is a better description, that I've endeavored in since I came down in 1979. I have not been successful in passing legislation. But LB 382 is far closer to becoming reality this year than ever before. It is, in part, thanks to the more open-minded approach to the issue from the Hospital Association. I want to thank them for their initiative. As you'll see from the committee statement, the bill was supported by the Department of Health, Blue Cross-Blue Shield, the Association of Retired Persons, Health Insurance Association America. It doesn't mention the fact that the Omaha Cost Containment Coalition and the businesses that they represent are also in support of the bill. The neutral testimony, the Hospital Association came before us and laid out a strategy on how to approach the issue. We have had meetings with them. What we basically have is an agreement as to how to take the first step in addressing the problem, getting information to the public about hospital charges. This first step will be embodied in an amendment. I guess I might as well start talking about the amendment, if you don't mind, Mr. President.

PRESIDENT: Go ahead. (See Wesely amendment found on page 1315 of the Legislative Journal.)

SENATOR WESELY: Okay. The amendment that will be before you at this point is the compromise that we have worked out with the Hospital Association, and the insurance companies, and the businesses represented by the Omaha Cost Containment Coalition, Department of Health, and other interested parties. This first step is where all those different people, at least at this time, can agree on the approach to take. What that agreement is, number one, that we start the 1st of January, 1987 to use the same billing form when we make charges from a hospital, so that everybody starts utilizing the same format to bill patients and insurance companies, what have you. If we all start using the same form, then that information, eventually, can be compared against one another, from one hospital to the next. As long as every insurance company has a different form, and everybody has a different form that is filled out when they are billing somebody, you can't compare the resulting charges. It is apples and oranges. So if we at least get to the point at which we are all using the same form, we can then start to take the next step of collecting the